

UNITED STATES BANKRUPTCY COURT		INVOLUNTARY PETITION
Western District of Washington		
IN RE (Name of Debtor – If Individual: Last, First, Middle) Maydak, Keith		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): 0000		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 113 Cherry Street 7480 Seattle WA 98104-2205		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Kings		ZIP CODE 98104
		ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input checked="" type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other escrow agent
VENUE	FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		FILED Western District of Washington at Seattle MAR 25 2016

MARK L. HATCHER, CLERK
OF THE BANKRUPTCY COURT

Name of Debtor Maydak, Keith

Case No. _____

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

<u>x</u>	Signature of Petitioner or Representative (State title) Rodrigo Calderon	Date Signed 03/10/2016
Name of Petitioner	Date Signed	
Name & Mailing Address of Individual Signing in Representative Capacity	Box 83083 Johnsonville Wellington 6440 N Zealand	

<u>x</u>	Signature of Attorney	Date
Name of Attorney Firm (If any)		
Address		
Telephone No.		

<u>x</u>	Signature of Petitioner or Representative (State title)
Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	

<u>x</u>	Signature of Attorney	Date
Name of Attorney Firm (If any)		
Address		
Telephone No.		

<u>x</u>	Signature of Petitioner or Representative (State title)
Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	

<u>x</u>	Signature of Attorney	Date
Name of Attorney Firm (If any)		
Address		
Telephone No.		

PETITIONING CREDITORS		
Name and Address of Petitioner Rodrigo Calderon Box 83083 Johnsonville 6440 N Zealand	Nature of Claim commercial debt	Amount of Claim 89,500.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

_____ continuation sheets attached